



The Association of Surgeons in Training

THE INCIDENCE OF CANCER DIAGNOSIS FOLLOWING MICRODOCHECTOMY

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Introduction: Microdochectomy is a commonly performed operation for pathological nipple discharge. The important concern for patients is the risk of malignancy. Various studies have shown that microdochectomy for bloodless nipple discharge, without clinical or radiological evidence of carcinoma, results in a low malignancy rate on excision. This study was conducted to examine our institution's practice over a 10 year period and determine malignancy rates.

Methods: Data from notes of all patients who had microdochectomies was collected between 1997–2007.

Results: 107 patients were identified who had this procedure. Diagnoses included, DCIS (10), Invasive carcinoma (4), papillary ca (1), intraductal papilloma (45), duct ectasia (24), other benign conditions (23). 77 patients had identifiable blood in their discharge and of these 11 were diagnosed with malignancy. 44 nipple smears were requested.

Conclusion: 14% of patients who had microdochectomies performed at our institution were diagnosed with malignancy. The presence of blood in the discharge did not make a difference to malignancy rates (14% – blood in discharge, 13% – clear discharge). There was no correlation of nipple smear results with patient management suggesting they may be an unnecessary test in this subset of patients.

GENERAL SURGICAL FOLLOW-UP – A SURVEY OF THE CURRENT PRACTICE

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Aim: Two thirds of patients attending surgical outpatient clinics are follow-up(FU)patients. Our aim was to assess the existing system based on the clinical need and patient's perspective.

Methods: This is a 4-week prospective study. All non-cancer FU patients attending surgical clinic were included. Data was collected from patient case-notes and from questionnaire based patient survey.

Results: In this period, 170 FU patients were reviewed in 17 clinic sessions. Of these, 104 patients (61.2%) were followed up with results of investigations or to assess their response to treatment. Only 30(28.8%) of these needed physical examination(PE). Remaining 66 patients(38.8%) were postoperative follow-ups of whom, 43(65.2%) needed PE. So, 97 (57.1%) of the 170 follow-ups did not need PE. The patient questionnaire was completed by 86(50.6%) of the 170 FU patients. Of these, 44 patients(57.1%) suggested email or telephone consultation with the doctor was a suitable alternative. These 44 patients spent an average 62 minutes(range 20–270minutes) and £8 each(range 0–£113.00) for their appointment.

Conclusions: All FU patients don't necessarily need PE. Clinic FU should be restricted to those who need PE. Current FU arrangement is expensive and time consuming to patient and the clinician. Telephone and email FU is a cost effective alternative.

EFFECTS OF INDOMETHACIN ON EXPRESSION OF PTEN TUMOR SUPPRESSOR IN HUMAN CANCERS

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PTEN is a tumor suppressor gene which, is deleted or mutated in glioblastoma, as well as endometrial, prostate, bladder, adrenals, thyroid, breast and colon cancers. These result from loss of heterozygosity for the gene on chromosome 10q23. PTEN has lipid phosphatase activity for phosphatidylinositol 3, 4, 5-triphosphate and down-regulates the PI3/Akt signaling pathway by dephosphorylating PIP3, leading to inhibition of growth factor signal transduction, and prevention of growth promoting and anti-apoptotic effects of Akt kinase. This affects regulation of cell-cycle progression, translation, apoptosis, cell size, growth, proliferation, and migration. There are claims of substances and pharmacological agents used to up-regulate the PTEN mRNA and protein expression in cell lines, suggesting that they may be used in the prevention or treatment of human cancers. We studied the expression and sub-cellular localisation of PTEN protein, and effects of indomethacin on expression in human endometrial cancer cell line, which expresses significant amounts of the PTEN. The results revealed that these cells expressed the PTEN protein, most of which was localized in the nucleus with minimal cytoplasmic expression. Increased PTEN expression was observed following treatment with indomethacin and was in line with previous studies using similar cell lines. further studies are however required to substantiate these observations.

WIDE LOCAL EXCISION AND SENTINEL NODE BIOPSY FOR BREAST CANCER – FEASIBILITY OF DAY CASE SURGERY

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Aims: To assess the feasibility of performing wide local excision (WLE) of small invasive breast cancers combined with dual technique sentinel lymph node biopsy (SLNB) as a day case procedure.

Methods: In 2007, an ambulatory surgical pathway for patients undergoing WLE and SLNB was developed. Procedures were performed under general anaesthesia.

Results: Of 104 women, 74 required pre-operative localisation (wire-guided or ultrasound). 75 (72%) patients were discharged on the day of surgery. No patients required unplanned readmission. Of 37 women undergoing surgery in the morning 6 (16%) required unscheduled overnight stay compared with 23 (34%) of 67 having surgery after midday ($p = 0.04$, Fisher exact probability test). Reasons for overnight stay were delayed recovery from anaesthesia, nausea and vomiting. In 2009 an unplanned overnight stay was required in only 7 of 43 patients (16%) compared with a rate in the initial two year period of 36% (22 of 61 patients) ($p = 0.02$, Fisher exact probability test).

Conclusions: WLE and SLNB can be performed successfully as a day case procedure. Scheduling cases for mornings rather than afternoons should allow greater compliance with the new pathway. Extension of theatre recovery facilities may allow more patients to be discharged on the day of surgery.

CLERICALLY DELIVERED TRIAGE OF COLORECTAL REFERRALS; DOES IT WORK?

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Aim: To compare traditional consultant triage (CT) of paper referrals with a novel, computer algorithm based, telephone triage (TT) delivered by clerical call-centre staff.